## PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

Effective October 1, 2003

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CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE (			OTHER THAN OR SMALL ENTITY													
TOTAL CLAIMS			20					RATE	FEE	7	RATE	FEE												
FOR			NUMBER FILED		NUM	BER EXTRA		BASIC FEE	385.00	OR	BASIC FEE	770.00												
Ţ	OTAL CHARGE	ABLE CLAIMS	Ominus 20=		*			X\$ 9=		OR	X\$18=													
INDEPENDENT CLAIMS					• _	<u> </u>		X43=		OR	X86=													
MI	JLTIPLE DEPE	NDENT CLAIM P	RESENT					+145=		OR	+290=													
* If the difference in column 1 is less than zero, enter "0" in column 2						column 2	ı	TOTAL	385	OR	TOTAL													
	. (	(Column 1)	MENDE	ENDED - PART II (Column 2) (Column 3)				SMALL	ENTITY	OR	OTHER SMALL													
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE												
	Total	• 17	Minus	2	0.	<del>- 0</del>		X\$ 9=		OR	X\$18=													
	Independent	· 3	Minus	PENDENE	3			X43= .		OR	X86=													
<u> </u>	FIRST PRES	ENTATION OF M	ULTIPLE DE	PENDENI	CLAIM		۱ <u>آ</u>	+145=		OR	+290=													
		•			•		L	TOTAL		OR	TOTAL ADDIT, FEE													
		(Column 1)		(Colum		(Column 3)																		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	·	RATE	ADDI- TIONAL FEE												
	Total ·	•	Minus	** .		=		X\$ 9= '		OR	X\$18=													
	Independent	* ENTATION OF MIL	Minus	***	~ 4114	•		X43=		OR	X86=													
_	FINST PRESE	STATION OF MC	ILTIPLE DEF	ENDENT	CLAIM	لبان		+145=		OR	+290=													
							. A	TOTAL DOIT, FEE	· ·	OR ,	TOTAL ADDIT, FEE													
		(Column 1)		(Colum		(Column 3)					••	•												
<b>5</b>		CLAIMS REMAINING AFTER AMENDMENT	·	HIGHE NUMBI PREVIOL PAID FI	ER JSLY	PRESENT EXTRA			ADDI- TONAL FEE		RATE	ADDI- TIONAL FEE												
	Total	•	Minus	**		<b>.</b>	Γ	X\$ 9=		OR	X\$18=													
	Independent	•	Minus	***		•	r	X43=		.	X86=													
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						1			OR														
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20"										OR L	+290= TOTAL													
000	f the "Highest Nu	mber Previously Pa	id For IN THE	S SPACE is I	ess than	3. enter *3 * .				_ ^		The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												